DOCUMENT RESUME

ED 210 560 CE 030 888

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TITLE Coping with Aches and Pains: An Education/Support Group Model.
INSTITUTION Michigan Univ. Hospital, Ann Arbor. Turner Geriatric Clinic.
PUB DATE Oct 81
NOTE 54p.: Some pages may be marginally legible

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Adult Education; *Coping; Discussion Groups; *Diseases; Experiential Learning; Group Discussion; *Groups; *Models; *Older Adults; Program Descriptions; Program Development; Program Evaluation; Program Guides; Publicity; Questionnaires; Self Evaluation (Individuals)
IDENTIFIERS *Pain; *Support Groups

ABSTRACT

This booklet for practitioners and others working with groups of older adults with chronic pain describes a model for a program for learning about factors associated with pain and about coping. An overview is provided of the model developed at the Turner Geriatric Clinic that has an education and support group format and involves both an informational and experiential component. Each session combines a lecture by an expert with brief experiential exercises and/or personal group discussion. The various phases of the program are discussed in detail, including planning, publicity, six group sessions (with two handouts), and evaluation. Questionnaires administered during the first and last sessions are provided. These recommendations from the planning members are listed: extensive publicity, six sessions in the prescribed order, review of previous session and preview of following one in each group meeting, circular seating arrangement, speakers who present too much rather than too little information, one speaker per session, review after each meeting among planning members, general aches and pains emphasis rather than focus on specific chronic pain condition, ongoing evaluation, and variations, including different settings and leadership arrangements. (YLB)

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COPING WITH ACHES AND PAINS:

An Education/Support Group Model

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October 1981

CE 030 888

INTRODUCTION

"I want to find a way to look at pain, understand it, cope better and moan less about it."

"I hope some of my pain will go away."

"I need to find a way for pacing myself and learning to better cope with chronic pain without too much medication."

"I'm preparing myself for the time when my arthritis and other afflictions will be serious."

"I want to understand what causes pain of unknown origin."

These were some of the comments made by participants at the first session of our Coping with Aches and Pains Group. This group of individuals, aged 56 to 90, met for six sessions to learn about factors associated with pain and to share ways of coping. The group consisted of thirteen older adults, two peer counselors and several professionals. All of the older adult participants had multiple chronic problems ranging from arthritis or rheumatism to polio or cancer. Most had experienced their pain for over five years and the vast majority said that their conditions bothered them most of the time.

Purpose of this Booklet

The group described here grew out of our concern for older adults with chronic pain. Statistics from the U.S. Department of Health and Human Services (1979) indicate that approximately one-third of the older adult population is limited in their major activity by chronic health problems. The pain resulting from such problems can often lead to feelings of anger, frustration or hopelessness. We wanted to help older adults cope better with their aches and pains; because we were not aware of any existing programs, we developed our own education/support group model.

This booklet describes the model we have developed to date. The various phases of the program: planning, publicity, group sessions and evaluation are discussed in detail. Finally, we conclude with recommendations for future group development. We are not presenting this model as an inalterable blueprint because the program continues to change and grow. Rather, we hope that practitioners and older adults working with groups of people in pain may gain some insight and ideas from our experience and build upon the model to suit their own situations and needs.

THE MODEL

The Coping with Aches and Pains Group was conducted at the Turner Geriatric Clinic, a facility which provides health and psychosocial services to older adults. At the Clinic, multi-level programs are offered which combine the expertise of Clinic staff with that of resource people, including older adults from the community (Campbell, Chenoweth and Kraus, 1981).

A unique feature of the Clinic is the Peer Support System which trains older adults to serve as peer counselors. These peer counselors are involved in individual counseling as well as education and support groups (Chenoweth, Snearline, Stevens and Wooley, 1980). The topics of these groups range from memory loss to depression. The peer counselors help plan the groups, introduce speakers, facilitate discussions and participate in the assessment of each session. Their active involvement in the groups also serves as a role model for the other older adult participants.

The education and support group format seems particularly suitable for people in pain since such individuals often lack information about the causes of their pain and feel isolated from others because of their condition. The model includes both an informational and an experiential component. Each session combines a lecture by an expert with brief experiential exercises and/or personal group discussion. By using this model, we offered people in pain the opportunity to join others with similar concerns. Together, they learned about various factors associated with pain from a series of experts and also shared experiences and methods of coping with pain with one another.

PLANNING

The planning of the group sessions was an integral part of the program. The planning sessions started about six weeks before the group began. Originally, the planning sessions consisted of two peer counselors and three professionals: a psychiatric nurse, a graduate student nurse and a social worker. After the first planning session, two more nurses who had a special interest in pain management became involved in planning the education/support group. In all, this group of peer counselors and professionals met seven times.

Issues raised in the first planning session involved the kinds of pain experienced by perspective participants, the kinds of topics in which they might be interested, the kinds of coping strategies they might want to learn, the ordering of topics (for example, some felt that psychosocial issues relating to family members would be particularly sensitive and should therefore be presented later in the group), and the structuring of the group. Some brainstorming also occurred concerning various experts who might be approached as speakers at the group sessions.

As the planning meetings progressed, the topics became more clearly defined. Eventually, the planning group decided to begin with a physiological overview to pain followed by sessions focusing on various other factors contributing to aches and pains such as environmental, social and psychological factors.

In addition, the planning committee developed a series of objectives for the group. These goals were:

1. To reduce the intensity of aches and and pains (as perceived by the participants).

2. To decrease the extent to which their aches and pains impinge upon:

   a. their activities (in and outside of the home).
   b. their social relationships.
   c. their feelings about themselves.

3. To increase their use of coping skills to deal with aches and pains.

4. To provide the participants with a positive group experience which they will find helpful.

As planning members began thinking about which experts might present on these topics, they realized that considerable expertise existed within the planning group. Therefore, most of the planning group members volunteered to lead one or more sessions. The peer counselors volunteered to greet new participants, introduce speakers and take notes. For those topics not covered by planning group members, outside professionals were asked to present lectures. These outside specialists included an occupational therapist, a nurse, a social worker and a pharmacist. During the last few planning sessions, various tasks were distributed among the planning members, such as contacting the outside speakers and organizing publicity.

The planning committee continued to meet after each group session. The purpose of these meetings was to critique the group process, to mention any concerns about individual participants and to make final plans for subsequent sessions. In addition, the planning members met at the end of the sessions to evaluate the entire experience and offer recommendations for further program development.

PUBLICITY

Publicity for this group was fairly extensive. Two weeks before the group was scheduled to begin approximately 200 fliers were sent to local churches and senior citizen-oriented groups. A description of the group, its meeting time and place, appeared in the local paper and the Clinic newsletter. (Examples of this publicity appear on the next few pages.) In addition, local professionals were approached for possible referrals each of whom were then contacted individually. Most of those who attended the sessions came because they had seen the newspaper article or the Clinic newsletter. Others came because they had seen the flier, an announcement in their church bulletin, or had been told about the group by a friend.

The Flier

COPING WITH ACHES AND PAINS

DOES YOUR PAIN OCCUPY MOST OF YOUR THOUGHTS?

DOES YOUR PAIN AFFECT...

YOUR WORK?

YOUR SOCIAL LIFE?

YOUR DISPOSITION?

ARE YOU INTERESTED IN LEARNING HOW TO RELIEVE YOUR PAIN?

COME JOIN US AND FIND OUT HOW TO COPE WITH YOUR ACHES AND PAINS.

LEARN: HOW PAIN AFFECTS THE BODY, RELAXATION TECHNIQUES, EXERCISE, PACING OF ACTIVITIES, WAYS TO DISTRACT YOUR THOUGHTS, AND OTHER TOPICS.

SIX WEEKLY SESSIONS WILL MEET:

TUESDAYS, 1 TO 3 P.M.

MARCH 10 - APRIL 14, 1981

TURNER GERIATRIC CLINIC, UNIVERSITY OF MICHIGAN HOSPITAL
1010 WALL STREET
FREE FOR INFORMATION, CALL 764-6831

DRAWING BY REGINALD MANN, SALINE

Turner Geriatric Clinic Newsletter

TURNER LEARNING PROGRAMS

January, 1981

The Turner Geriatric Clinic, 1010 Wall Street, is an out-patient clinic of the University of Michigan Hospital serving people over 60. Besides offering medical care, it provides information and support through a variety of groups and programs. The group programs are free and new members are always welcome.

EXERCISE TO MUSIC - Geared to the needs of the elderly, the group now meets at the Central Campus Recreation Building at the corner of Washtenaw and Geddes on Monday and Wednesday from 10:15 to 11:15 and on Friday from 10:30 to 11:30. It is sponsored by the Physical Education Dept. and Turner Clinic. For informatio- call Barbara Chenoweth, 764-4851.

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WRITING GROUP?
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Elizabeth Bost

WEIGHT CONTROL
January 20. T
For informatio

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For people of
with French.

SPOUSES GROUP
be attention a
give each other

SPOUSES GROUP CONT. - A series of special meetings will take place March 4, 11, and 18. For information call Phyllis Herzig or Loretta Moore, 764-4831.

INTERGENERATIONAL WOMEN'S GROUP - Women of all ages meet to discuss creativity, beauty, aging, close relationships and life transitions. Thursdays from 10 to 12, February 5 through March 19. For information call Elizabeth Baxter, 764-4831.

HEARING GROUP - Sponsored by the Communicative Disorders Clinic, the meetings include free hearing test, information about hearing aids, lip-reading and techniques to improve communication. Begins the week of February 16 and will meet for 6 weeks. Call Barbara Chenoweth, 764-4831.

ARTHRITIS SUPPORT GROUP - Meets Friday, February 13th from 1:30 to 3:30 for 3 weeks. The discussions include joint protection, medications, exercise and services available in the community. Led by Florence Villman, RN. For information call Barbara Chenoweth, 764-4831.

"SHARING THE BLUES" GROUP - Fridays from 10 to 12, February 27 through April 3. Meetings focus on ways to handle the inevitable times when people feel "down." How can writing or physical activity or talking help? What about diet, drugs and relaxation? For information call Barbara Chenoweth, 764-4831.

REHABILITATION FOR THE LOW VISIONED - Taught by the Greater Detroit Society for the Blind and sponsored by the Low Vision Support Group, the special classes include practice in handwriting, sewing, mobility and other skills necessary to everyday living. For persons with visual impairment. Call Phyllis Herzig, 764-4831.

SPECIAL MEETING: ELDERHOSTEL - Learn all about Elderhostel, an exciting and new way to learn. February 19, from 11:00 to 12:30. Bring a brown bag lunch (and stay for the workshop on Home Health Care at 1:00 p.m.). Call Dorothy Miller, 764-4831.

COPING WITH ACHES AND PAINS - Tuesday, March 10 to April 14, from 1-3 P.M. A new group to explore ways to live better with "aches and pains," to find out how other people handle their "aches," and to learn new ways to do what you want to with minimal "aches." For information call Barbara Chenoweth, 764-4831.

HOUSING GROUP - For those interested in looking into alternative housing arrangements, i.e., sharing housing, group housing, and others. What are the financial considerations? How do you feel about sharing living space?

Ann Arbor News (March 1981)

Watch This Space

By Eleanor Gerstenberger

SUNDAY MARCH 8

Second Sunday... who cares? If you like music played on the Michigan Theatre's Barton organ, you do. Today's featured soloist at the console is Henry Aldridge in a free "Second Sunday" concert beginning at 10 a.m. in the theatre.

MONDAY 9

Energy policy alternatives... a new book on the subject, "Our Energy: Regaining Control," will be reviewed by co-author Marc H. Ross, U-M physics professor (with Robert H. Williams of Princeton University). The "Booked for Lunch" program is free, beginning at 12:10 p.m. Tuesday, in the Ann Arbor Public Library's meeting room.

TUESDAY 10

"Coping with Aches and Pains"... an education-support group for people experiencing pain begins meeting today from 1 to 3 p.m. at the Turner Geriatric Clinic, 1010 Wall St. Topics on the agenda so far are how and why pain is experienced; factors which influence pain; how one person's pain affects family and social relations; and the safe and proper use of medications. There is no fee. Call 764-4831 for additional information.

GROUP SESSIONS

The group met for six weekly sessions. Each session was two hours long with a break during which coffee, tea and hot chocolate were provided. The number of people attending the group varied from session to session ranging from four to nine older adult participants. Most sessions were attended by six or seven older adults, two peer counselors and three professionals. Chairs were arranged in a semi-circle around the speaker. The following is a brief description of each session:

Session 1: Introduction and Overview

The coordinator of the Peer Support System introduced herself and provided an introduction of the peer counselors and professionals and an overview of the group. She was followed by the speaker, a nurse, who explained how pain affects the body. The nurse distinguished between chronic and acute pain and presented a chart to elucidate the physiology of pain.

After a break, questionnaires to assess pain were distributed. Participants spent about fifteen minutes individually completing these questions. In some cases, where eyesight was a problem, the questions were read aloud and recorded by one of the professionals. The participants then discussed why they had come to the group and their questions concerning aches and pains. Questions raised by the group included:

"How can I deal with others in chronic pain?"

"How can I deal with others when I am in pain?"

"How does pain influence my relationships with my spouse, family and friends?"

A peer counselor recorded each of the questions on an index card so that they could be distributed to the appropriate speakers.

Session 2: Pain Self-Assessment

At this meeting, another nurse explained that all parts of a person are affected by pain including the psychological, the physical, the social, and the spiritual. She distributed and reviewed a handout (which appears in this booklet) with questions to guide group members in a pain self-assessment. The speaker encouraged participants to think about words which best described their pain, their pain patterns, factors that increased or decreased their pain, their emotional responses to pain and the various ways in which pain affected their lives.

After a break, group discussion focused on various parts of the pain self-assessment. Participants selected words to describe their pain, talked about reactions to pain, discussed their memories of parental injunctions concerning pain and described various coping strategies they used (such as comfortable bedding, avoidance of drafts and use of psychological imagery).

Session 3: Physical and Environmental Factors

During the first part of this session, another nurse spoke about physical and environmental factors affecting pain as well as strategies to decrease or change these factors. She explained, for example, that since muscle tenseness was often the result of pain, tactics to decrease muscle tension such as exercising to music, swimming and biofeedback were often helpful. Also discussed were the benefits of heating pads, cold compresses and massage.

An occupational therapist spoke during the second hour reviewing the interaction between pain and muscle spasms. He offered some specific methods to reduce these spasms such as relaxed breathing (which the participants tried), wrapping up in a blanket in a rocking chair, and removing oneself from situations which are anxiety producing. He also discussed the importance of energy conservation and distributed a handout (which appears in this booklet) detailing strategies for doing so.

Session 4: Cognitive and Emotional Factors

A social worker and two nurses facilitated this session which began with an introduction to the linkages among feelings, thoughts and pain. Participants were encouraged to identify their thoughts and feelings relating to pain, to accept these feelings as neither good nor bad, and to develop strategies to overcome persistent thoughts and feelings by which they felt overwhelmed. Participants contributed to a group list of feelings (anger, hopelessness, resentment) and thoughts ("I might die." "It may be cancer." "Is this going to get worse?")

associated with pain. One of the speakers then demonstrated the use of breathing and positive imagery to reduce anxiety.

After a break, participants reconvened to discuss the use of positive imagery associated with pain per se, a technique developed by Simonton, Matthews-Simonton and Creighton (1980). Everyone found a partner with whom to discuss their own image of: 1) pleasant, comfortable surroundings, 2) their body's major ache or pain and 3) their body's natural defenses. Each of these images was subsequently incorporated into an exercise which included relaxation and imagery to focus on eradicating the major ache or pain. The session ended with an informal discussion of other kinds of mental strategies used by various participants to cope with pain including a sense of humor or a philosophical acceptance regarding the meaning of pain.

Session 5: Relationships With Family and Friends

A nurse and social worker led this session. They pointed out that family members often react to the pain of another with feelings of guilt, frustration, anger and withdrawal. They emphasized the need for accepting these feelings without perceiving them as a personal affront. Rather, they advocated that family members communicate openly about their feelings and not expect others to read their minds. They suggested that, to the extent possible, people in pain should attend to their own needs and develop an awareness of those ways in which they could give themselves pleasure (e.g. taking a bubble bath or having a friend

over for coffee). In addition, the speakers presented several case examples of individuals they saw in their practice. As participants identified with these cases, they asked questions and shared their own experiences.

Session 6: The Hospital and Medications

This final session involved two speakers. The first, a nurse, spoke about pain in the hospital. She pointed out that hospitalizations can result from either chronic or acute pain. She explained that nurses are knowledgeable about pain responses, that doctors know about pain medication but that only patients know what their pain is really like. The nurse emphasized the need for hospital patients to clearly describe their pain and, if possible, specify the ways in which their pain could be diminished. She suggested that patients take with them into the hospital personal items that help make them comfortable. She also encouraged participants to use coping mechanisms they use at home, such as relaxation and mental imagery, to deal with the anxiety associated with pain.

The second speaker, a pharmacist, discussed specific medications that relieve pain. He spoke of the interaction effect that often occurs with the use of multiple drugs and described the side effects of some drugs such as aspirin. The pharmacist also presented some strategies for diminishing these side effects, for example, taking food or milk with aspirin to decrease its harmful effects on the stomach lining. Participants had the opportunity to ask general questions as well as specific questions about drugs which they were taking.

After a break, the group members filled out a second questionnaire to assess their pain and then spent the last part of the session together discussing their reactions to the group experience.

HANDOUTS

Handout - Session 2

A PAIN SELF-ASSESSMENT GUIDE

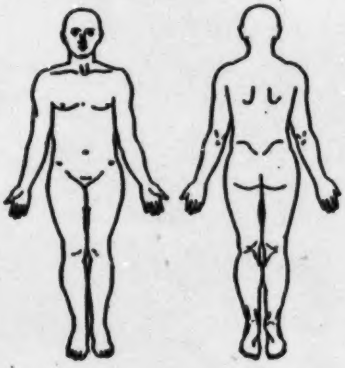
1) How long have you had your pain?

2) What started or caused your pain?

3) Describe your pain: choose from the following list or add your own words:

Pulsing	Dull	Annoying
Throbbing	Sore	Intense
Flashing	Aching	Unbearable
Pricking	Heavy	Spreading
Boring (as in drill)	Tender	Penetrating
Sharp	Splitting	Tight
Pinching	Tiring	Numb
Gnawing	Fearful	Cold
Cramping	Terrifying	Nagging
Wrenching	Punishing	Nauseating
Hot	Cruel	Penetrating
Itchy	Blinding	Your own word(s)

4) What is the location of your pain?
Can it be described as at a certain place or places?
Is it more diffuse (extending over a wide area)?



5) How consider the pattern of your pain.

Is it:

constant, steady

rhythmic, periodic, intermittent

brief, momentary, transient

Is it:

mild

uncomfortable

distressing

horrible

excruciating

6) What factors make it worse:

Time of day

Exercise

Lack of exercise

Certain foods

Coughing

Bright lights

Inadequate ventiliation

Sleep

Worry

Arguments/conflict

Other

7) What other physical signs do you notice when your pain is at its most intense or distressing?

Pulse rate: speeding or slowing

Respiratory rate: speeding or slowing

Perspiration

Dry mouth

Jerking or spasmodic muscle movement

Other

8) How do you cope with your pain?

Medication

Changes in position

Heat

Exercise

Applications of heat or cold

Relaxation techniques

Pacing Activities

Imagery

Medit[illegible]on

Prayer

9) How does your pain affect:

Your family relationships

Your daily living activities such as bathing, dressing, fixing and eating food, driving, doing hobbies, housework, gardening etc.

Your social relationships

Your recreational activities

Your job

10) What is your emotional response to your pain?

Grin and bear it

Sad/depressed

Helpless/hopeless

Will cope somehow

Sense of being strong

Sense of feeling superior to others who don't have pain

QUESTIONS TO PONDER OR DISCUSS

1) Consider some childhood events which may affect your response to pain.

2) Do you remember how important people (parents, grandparents) in your life responded to pain?

3) Although your pain is very real, have you ever noticed that you use it to obtain certain results? For example:

   Have you ever used your pain as an excuse to avoid doing something, even though the pain itself would not actually have prevented you?

   Do you ever get extra privileges or attention because you have pain?

4) What do you think about some of the ideas concerning pain in our American culture? For example:

   Men are expected to be tough and not cry when they hurt.

   Adults are expected to endure more pain than children.

   All pain should be avoided.

   If no physical reason for pain can be found, then you must be crazy.

   People in pain should be pampered.

   Doctors are the only people who can take the pain away.

5) Do you talk a great deal about your pain? How do you feel about other people who talk a great deal about their pain?

6) Do you ever feel as if your pain is a punishment?

   Do you ever feel as if your pain was given to you so that you would be strong?

Several books which you might find helpful:*

Benson, Herbert, The Relaxation Response. New York: Avon Books, 1976.

Brainard, John B., Control of Migraine. New York: W.W. Norton, 1977.

Feuerstein, M. and Skjei, E., Mastering Pain. New York: Bantam Books, 1979.

Lewis, C.S., The Problem of Pain. New York: MacMillan, 1955.

Olshan, Neal H., Power Over Your Pain Without Drugs. New York: Dawson, Wade, 1980.

Yancey Philip, Where Is God When It Hurts. Grand Rapids, Mich.: Zondervan, 1977.

*Handout revised and adapted from these references by Mary Hunter.

Handout - Session 3

SALINE COMMUNITY HOSPITAL

OCCUPATIONAL THERAPY DEPARTMENT

PRINCIPLES OF
ENERGY CONSERVATION
WORK SIMPLIFICATION
PROPER BODY MECHANICS *

Everyday you perform numerous routine or semi-routine tasks. Each person performs these tasks in his own individual manner. The methods you use have developed over many years and you are able to perform these tasks without having to consciously plan your steps. Often, these methods can be changed or eliminated in order to reduce the motions you use and the energy it takes to complete the activity. Work Simplification is the term used to describe ways that reduce motions and steps. Ways of reducing the need for oxygen and the work of the heart is called Energy Conservation. Using Proper Body Mechanics means that you keep the body in proper alignment when performing an activity. By incorporating these techniques and principles you can reduce fatigue and increase the amount of work you can do safely and comfortably.

In order to begin to change your methods you will have to consciously think through the activities you perform. Consider the following:

- is the activity necessary?
- can it be done at a more efficient time?
- what tools does it require?
- where are they located?
- what motions does it require?
- are you standing or sitting?
- is your body in proper alignment?
- is there adequate lighting?

ENERGY CONSERVATION PRINCIPLES

A. Organization: Making a daily schedule for yourself assures that you won't forget important needs. It also enables you to look at how you are spreading the activities out over the entire day. Weekly and monthly schedules are also important.

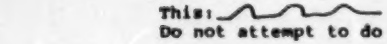
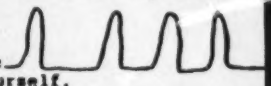
B. Rate of work: A slow, steady rate of work will get the job done without doing you in. If you double your work speed you'll double or triple the amount of energy you're using. This increase in energy output will cause the body to require more oxygen and the heart has to work faster to supply the oxygen. Also, the faster you do something the more likely you are to make a mistake and you'll have to do the job all over.

OCH 719-10

* Developed by Rosanne Whitehouse

C. Distribution of the Work Load:

Space your activities out so that you avoid high, short bursts of energy. Balance a period of work with a period of rest.

This:  Not this: 

Do not attempt to do a two-man job yourself.

D. Adequate Rest: Frequent short rest periods are much more beneficial than one long rest period. If possible, take a 10 minute rest period every hour to prevent fatigue. Once fatigue has occurred it will take longer to recover.

F. Change Position: Changing position occasionally is restful because it puts one group of muscles at rest and another to work. This also helps to maintain good circulation.

WORK SIMPLIFICATION PRINCIPLES

A. Organized Work Centers: Have all necessary equipment and supplies for various activities concentrated in the area where you will be doing the work.

- for cleaning, all tools and supplies in one closet.
- for baking, have dry ingredients, mixing bowls, pans, measures and mixer within comfortable arms reach.
- have spices within an easy arms reach of the stove where you are likely to use them most frequently.
- use small lazy susan's inside your cupboards to put spices and frequently used small items on in order to make them easily visible and accessible.
- for vegetable preparation, have items near the sink.
- glasses, dishes and silverware should be stored close to where they are washed.
- pots and pans should be stored next to the stove.
- lawn care tools should be stored together, close to an outside entrance.
- screwdrivers, hammer, pliers, nails, etc., should be stored within easy, waist to eye-level reach.
- use tie and belt racks inside the closet door so that you can match up items quickly.
- use a high and low rack in the closet so shirts and tops can hang directly above the skirts and/or pants they will be worn with.

B. Easy Flow of Work: By working on an assembly line basis you can accomplish more in less time and with less effort.

- during meal preparation, take all items out of the refrigerator that you will need at one time. Try to prepare the food in successive stages. It has been found that by working in this manner, a homemaker can save up to 64 miles in the preparation of one meal per day, during a year.

- store items that you use daily at waist level. For example: have socks, underwear, belts, etc. in the waist level drawers of a dresser.
- store dishes and glasses only on the bottom shelves of the upper cupboards.
- store items horizontally rather than vertically.

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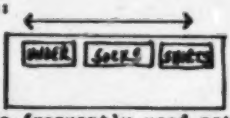

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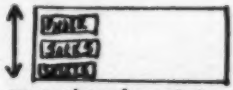
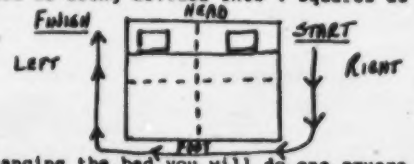


- store frequently used pots and pans on pegboard next to the stove or on the back wall between the top and bottom cupboards.
- installing roll-out shelves in your bottom cupboards is a great convenience. It allows you to reach the farthest corner and clean your shelves with considerable ease.
- a built-in oven at waist to eye-level eliminates considerable bending over and lifting of heavy objects. Heavy casseroles etc. are already at an appropriate level to just slide out and lower slightly to the counter instead of having to lift up. Broiling and cleaning are made much easier also.
- No-wax flooring eliminates many tiring steps and hard work.
- Sort laundry on top of your bed or a couch or table surface near the machine instead of on the floor.
- When loading the washer, put the basket of clothes up on a box to bring it up nearly level with the machine. This allows you to load the machine without any bending.
- Unload the dryer by putting the whole load in the basket and then put the basket up on chair, bed, couch, table, etc., and fold clothes out of the basket. In this way you are eliminating all bending.
- Use long-handled equipment to clean the bathtub, etc.
- Use a long-handled dustpan.
- Use a long-handled shoehorn.
- Use a shoerack that fits over the door, hangs in the closet or stands on the floor. This puts shoes within easy reach and visibility. This has another advantage of reducing clutter and making it easier to clean under the bed and in the closet.
- When doing home repairs or carpentry, use a portable, foldable utility cart on wheels so that you can have frequently used tools within easy reach.
- For bathing, or showering, sit on a stool or bench in the tub or shower and use a long flexible shower hose to reach all areas.

- when washing dishes, stack the dishes on the left, then moving toward the right, wash, rinse and stack to dry. (Reverse if you are left-handed).
- for laundry, have the drier to the right of the washer. (Reverse if left-handed).
- Make the bed and change bed linens using only one trip around as described below.

Think of your bed as being divided into 4 squares as illustrated:



When making or changing the bed you will do one square completely and then move on to the next square.

Making the Bed

Before getting out of bed, pull the sheets, blankets and bedspread up as far as possible. Then start at the right, upper corner and proceed as follows:

1. Smooth the undersheet.
2. Pull up and smooth top sheet and blankets.
3. Fold top sheet over blanket.
4. Pull up bedspread, fold it back and place pillow. Pull bedspread up over pillow.
5. Smooth and retuck lower right corner.
6. Smooth and retuck lower left corner.
7. Repeat steps 1 - 4 for the left upper corner.

Changing Bed Linen

Dirty linen can be removed and clean linen put on in 4 easy steps around the bed. Begin at the right upper corner and proceed as follows:

1. Push the bedspread and blankets toward the opposite side of the bed. Undo the dirty sheets and push them toward the opposite side of the bed and under the blankets.
2. Take the undersheet, lay it on the bed and unfold toward the bottom and then center of the bed.
3. Tuck corner and smooth toward bottom and center of the bed.
4. Repeat steps 2 and 3 with the top sheet.
5. Reach over and pull the blankets toward you and smooth. Repeat with bedspread.

6. Fold bedspread back for pillow. Place pillow and unfold bedspread over the pillow.
7. Proceed to the lower right corner, undo the bedspread and blankets and push toward the opposite side of the bed. Do the same with the dirty sheets.
8. Pull down the undersheet and tuck. Repeat with the upper sheet. Reach over and pull the blankets toward you. Smooth and tuck. Repeat with the bedspread.
9. Proceed to the lower left corner, undo the bedspread and blankets and push toward the opposite side of the bed.
10. Undo the dirty sheets and push toward the top of the bed under the blankets.
11. Reach over and pull the undersheet toward you and tuck in. Repeat with the top sheet, blankets and spread.
12. Proceed to the left upper corner, push the bedspread and blankets toward the opposite side of the bed. Remove dirty linen completely.
13. Reach over and pull the undersheet over and tuck. Repeat with the top sheet. Repeat steps 5 and 6.

Folding the Linen

Fold the bed linen so it can be easily laid on the bed and opened out to each corner as illustrated.

C. Use Wheels to Transport: A simple, inexpensive utility cart on wheels can eliminate many steps as well as the need to carry things.

- to set the table, place all dishes, glasses and utensils on the cart and wheel to the table.
- place all food to be served on the cart and wheel to the table.
- place all dirty dishes, etc. on the cart and wheel back to the kitchen.
- collect dirty clothes to be laundered on the cart. Re-distribute clean laundry using the cart.
- cleaning items can be transported from room to room on the cart which makes them easily accessible and eliminates carrying.
- a bucket on wheels makes mopping floors easier because you just push the bucket where you need it
- put casters on large or heavy objects you move frequently such as sewing cabinet, large plants, furniture, television set, etc.
- put garbage cans on a wheeled cart so you don't have to carry heavy sacks to the curb.

D. Plan Ahead: This can save many steps and unnecessary trips.

- Keep a memo board or paper and pencil handy in the kitchen and/or bathroom. Jot down any items you need from the store as you think of them or as you run out.
- Plan to shop where several stores are available so you can do several errands at one time, i.e. grocery store, drugstore, laundromat, hardware store and gas station.
- Plan meals in advance so you can be sure to buy all the necessary ingredients when you grocery shop.
- Place a basket at the foot or the top of the stairs. Place anything that needs to go up or down in the basket. Then make only one trip instead of three or four.

E. Sit To Work As Much As Possible: Sitting while doing many household, vocational or craft activities eliminates considerable fatigue.

- sit on a stool next to the sink and counter to prepare vegetables or wash dishes.
- sit to fold small laundry items such as underwear, socks or children's clothes.
- sit to iron if your ironing board is adjustable.
- sit to dress yourself as much as possible.
- sit while drying or setting your hair.
- sit to put on make-up.

BODY MECHANICS PRINCIPLES

When you use your body in the correct manner you can prevent fatigue that can be caused from muscle strain and wasted energy expenditure. Poor posture also reduces the extent to which your lungs can expand to take in oxygen. The following principles will focus mainly on teaching you how to: Keep your back in proper alignment; reduce strain, pain and/or possible injury to the low back area; and reduce the work of the heart.

A. Eliminate Bending and Stooping:

- when picking up objects off the floor or getting objects out of low cupboards, bend the knees, keeping your back straight. If it is a heavy object lift it up to a chair first and then up the rest of the way.

This:

Not This:

- For making or changing a bed you may want to think about raising the bed up on blocks or a platform to eliminate bending over.
- For dusting, use a long-handled feather duster to reach high and low places.

B. Push Objects Instead of Pulling:

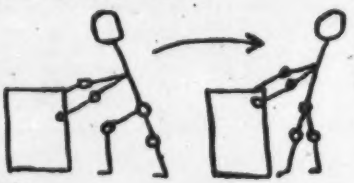
- Use your whole body to push objects. Keep your back straight and use your legs as much as possible.

Like This:

Not This:

- When it is necessary to pull an object -- keep your back straight and place one foot in front and one in back. The back leg should be straight and the front one bent at the knee. Then pull by shifting your weight from the front leg to the back leg.

Like This:



C. Carry Objects Close to the Body:

If you carry objects close to your body it reduces the degree to which your muscles have to work. If your muscles have to work harder, your heart has to work to supply oxygen to those muscles. Also, the farther away from the body you carry something the increased number of muscles that must be used to maintain the body's balance because the center of gravity has been changed. This is especially true of the back muscles which have to tighten considerably to keep the body erect against the increased force.

Like This:

Not This:

D. Use Two Hands As Much As Possible:

Using two hands reduces the work because it distributes the work over more muscle groups.

E. Use Your Legs To Push Your Body Instead of Your Arms To Pull:

- when climbing stairs, use your legs to push up your body to the next step. You may use a handrail for support, but not to pull on.
- when getting in and out of a chair, remember this same principle.

F. Correct Posture When Sitting:

- Select furniture to sit in that is relatively easy to get out of. Couches and chairs that are very soft, "cushiony", and low will cause you to put considerable strain on your back to get in and out of. Put an extra cushion in the chair to make the seat higher if necessary.
- Sit in a chair that allows you to have your feet flat on the floor with the back of your knees slightly above the surface of the chair, or use a small footstool to elevate the knees slightly. This tilts the pelvis backward and reduces strain.

This:

Not This:

- When getting out of a chair it may be easier if you slide forward to the edge of the chair first and then push up with your legs.
- To reduce strain while reading (especially to the upper back area), place the book on a slanted upright surface so that you can look straight out instead of down.

This:

Not This:

G. Correct Posture When Standing:

- Remember to keep the spine straight and the pelvis tipped backward.
- When standing for long periods of time, alternate putting one foot and then the other up on a small stool or box in

order to keep the pelvis tipped backward. If washing dishes open the cupboard door under the sink and put your foot up on the shelf.

This:

Not This:

H. Correct Working Heights:

- Be sure whether sitting or standing that the working surface is not higher or lower than 2 inches below the elbow when it is bent to 90°.

This:

Not This:

- When washing dishes, if the dishpan is too low and you are leaning over slightly, put the dishpan on the counter instead of in the sink to eliminate this strain.

I. Correct Methods For Getting In and Out of a Car:

- To get out, push the seat all the way back, then swing both legs out. Putting one behind the other, push up with your legs.
- To get in, sit on the edge of the seat, swing the legs in and move the seat up.
- Sit close enough to the pedals so that the knees are bent comfortably and you are not stretching to reach the pedals.

J. Additional Tips to Reduce Strain to the Lower Back:

- Two or three times a day, try to lie down flat on your back with your knees elevated. This puts your back at rest and tips the pelvis back appropriately.
- Change positions frequently. This allows some muscles to rest and puts different ones to work.

Like This:

Not This:

EVALUATION

The evaluation was viewed as an essential part of the planning process. This evaluation consisted of distributing written questionnaires to the participants during the first and last session and getting their verbal feedback at the end of the group.

Questionnaire Development and Distribution

The questionnaires were designed around the four objectives of the program. For the first objective, regarding the participants' perception of their aches and pains, we adapted a section from the McGill-Melzack Pain Questionnaire (Feuerstein & Skjei, 1979). For the second, concerning the influence of aches and pains, we revised a pain influence scale described by Olshan (1980). The third objective, focusing on the use of specific coping strategies, necessitated the development of a list of tactics based on topics we had decided to address during the sessions. These tactics included: using activity and nice thoughts as diversion, pacing activities, relaxing, taking medication and avoiding uncomfortable situations. Questions to assess the fourth objective, providing a positive experience for the participants, were based upon planning group suggestions and by items from a scale developed by Larsen, Attkisson, Hargreaves and Nguyen (1978). In addition, several background questions were included in the first questionnaire to obtain information regarding the participants' age, sex, education and chronic conditions.

Drafts of all these questions were presented to a program evaluation class and the program planning committee. Their suggestions regarding wording, formating and additional items were incorporated into revised versions of the questionnaires (which appear in this booklet).

Since new participants continued to join the group after the first session, the planning committee decided to distribute the first questionnaire to these people up through the third session. During the sixth and final session, the second questionnaire was distributed. Although a total of thirteen participants attended the sessions, only four of these individuals were able to attend the final group session due to scheduling conflicts. Thus the results of this evaluation are limited to their responses.

Results

Because our evaluation focused only on those people who were involved in the program and did not include a comparison of those not involved, we can make no conclusive remarks about the impact of the group per se. The participants' responses do, however, give us a sense of how they experienced the group and suggest paths for further exploration. Looking at the results of the evaluation in relation to the objectives, we can say the following:

Objective 1: To reduce the intensity of aches and pains (as perceived by the participants).

The responses to this goal are equivocal. Two participants indicated that the worst pain they experienced had increased from the first to the second questionnaire. As for the least pain, one participant's response decreased from "distressing" to "no pain" while another's increased from "mild" to "discomforting".

Objective 2: To decrease the extent to which the participants' aches and pains impinge upon their activities, their social relationships, and their feelings about themselves.

A comparison of the questionnaires shows that the participants' aches and pains were actually more influential on their lives after the group than before. The main difference pertained to their thoughts and feelings about pain. The responses of two participants indicated that their aches and pains occupied their thoughts and feelings more at the end of the group than before. Thus the group experience may have sensitized them to be more aware of their thoughts and feelings regarding pain and/or enabled them to feel more comfortable about acknowledging them.

Objective 3: To increase the participants' use of coping skills to deal with aches and pains.

Their responses indicated that some did, indeed, use the coping strategies discussed in the group more after the group than before. The answers of one group member showed that he participated in more activities, relaxed more and took medication more frequently at the end

of the group. During the discussion, this man said he had followed up on the session in which emotions had been discussed by purchasing a book describing relaxation techniques. In addition, two participants' responses at the end of the group indicated that they were more likely to avoid uncomfortable environments than before the group.

Objective 4: To provide the participants with a positive group experience which they will find helpful.

Answers regarding the extent to which the group had met their expectations ranged from "only a few of my needs have been met" to "most of my needs have been met". All answered, "Yes, I think so" or "Yes, definitely" to whether they would recommend the group to a friend. In general, the group felt that six sessions were appropriate for this kind of group. The only change suggested was that more case studies be included that would represent the problems of the group. (Indeed, when a few cases were presented in session 5, the response from the members was very positive.)

Participants were most eloquent regarding the helpfulness of the group. They mentioned, "talking freely", "group participation", "presentation of ideas and information" and "the bibliography". One woman summed up her feelings by writing, "Seeing that other people have problems, that you may talk about problems, taught me that a broadening base of outreach is important".

QUESTIONNAIRES

Questionnaire Distributed at First Session

ACHES & PAINS
QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN DESIGNED TO TELL US SOME THINGS ABOUT YOU AND YOUR ACHES AND PAINS. WE WOULD LIKE TO KNOW WHAT YOUR SITUATION IS NOW AND HOW IT CHANGES AS A RESULT OF THESE GROUP SESSIONS. YOUR ANSWERS WILL BE VERY USEFUL TO US IN PLANNING FUTURE GROUPS. ALL INFORMATION YOU GIVE US WILL REMAIN CONFIDENTIAL.

BACKGROUND INFORMATION

IT IS HELPFUL FOR US TO KNOW WHAT KINDS OF PEOPLE ARE INTERESTED IN OUR GROUPS. PLEASE COMPLETE THE FOLLOWING:

1. NAME _____ _____
2. ADDRESS _____

   _____
3. TELEPHONE NUMBER _____
4. SEX (PLEASE CIRCLE ONE) - - - - MALE FEMALE
5. BIRTHDATE _____
6. HIGHEST GRADE OF SCHOOL OR YEAR OF COLLEGE YOU HAVE COMPLETED _____
7. HOW DID YOU FIND OUT ABOUT THIS GROUP?

8. PLEASE GIVE THE FOLLOWING INFORMATION ABOUT EACH OF YOUR ACHES AND PAINS. LEAVE BLANK THE ACHES AND PAINS YOU DON'T HAVE.

ACHE OR PAIN	HOW LONG HAVE YOU HAD THIS ?			HOW OFTEN DOES IT BOTHER YOU ?		
	LESS THAN 1 YEAR	1 YEAR TO 5 YEARS	MORE THAN 5 YEARS	MOST OF THE TIME	A FEW TIMES PER WEEK	A FEW TIMES PER MONTH
ARTHRITIS AND/ OR RHEUMATISM						
HEADACHES						
BACK PAIN						
ANGINA						
CANCER						
FOOT PAIN						
HIP PAIN						
NECK PAIN						
GOUT						
OLD INJURY (I.E. OLD AUTOMOBILE OR ATHLETIC INJURY)						
OTHER (PLEASE SPECIFY) _____						

9. ARE YOU RECEIVING MEDICAL CARE FOR THESE ACHES AND PAINS ? (PLEASE CIRCLE ONE)

YES NO

Intensity of your aches and pains

1. Which word best describes your aches and pains during the past week ? (please circle one)

1	2	3	4	5	6
no pain	mild	discomforting	distressing	horrible	excruciating

2. Which word describes your aches and pains at their worst during this past week ? (please circle one)

1	2	3	4	5	6
no pain	mild	discomforting	distressing	horrible	excruciating

3. Which word describes your aches and pains at their least during this past week ? (please circle one)

1	2	3	4	5	6
no pain	mild	discomforting	distressing	horrible	excruciating

Influence of your aches and pains

Aches and pains affect people's lives in different ways. For each of the following questions, please circle the number which best describes how your aches and pains have affected you during the past week.

1. Have your aches and pains caused you to stay inside your house ?

1	2	3	4	5
not at all	very seldom	half the time	most of the time	all of the time

2. Have your aches and pains interfered with your work around the house ?

1	2	3	4	5
not at all	very seldom	half the time	most of the time	all of the time

3. Have your aches and pains interfered with your personal care (such as bathing or shaving) ?

1	2	3	4	5
not at all	very seldom	half the time	most of the time	all of the time

DURING THE PAST WEEK....

4. HAVE YOUR ACHES AND PAINS HAMPERED OR PREVENTED LEISURE TIME ACTIVITIES (SUCH AS HOBBIES OR SPORTS) ?

1	2	3	4	5
NOT AT ALL	VERY SELDOM	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME

5. HAVE YOUR ACHES AND PAINS KEPT YOU FROM SOCIALIZING WITH OTHER PEOPLE ?

1	2	3	4	5
NOT AT ALL	VERY SELDOM	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME

6. HAVE YOUR ACHES AND PAINS INTERFERED WITH RELATIONSHIPS BETWEEN YOU AND YOUR FAMILY AND FRIENDS ?

1	2	3	4	5
NOT AT ALL	VERY SELDOM	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME

7. HAVE YOUR ACHES AND PAINS MADE YOU WONDER WHETHER YOUR LIFE IS WORTHWHILE ?

1	2	3	4	5
NOT AT ALL	VERY SELDOM	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME

8. HAVE YOUR ACHES AND PAINS OCCUPIED MOST OF YOUR THOUGHTS ?

1	2	3	4	5
NOT AT ALL	VERY SELDOM	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME

9. HAVE YOUR ACHES AND PAINS CAUSED YOU TO BECOME ANGRY, FRUSTRATED OR DEPRESSED ?

1	2	3	4	5
NOT AT ALL	VERY SELDOM	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME

COPING WITH YOUR ACHES AND PAINS

PEOPLE HAVE DIFFERENT WAYS OF COPING WITH THEIR ACHES AND PAINS. HOW OFTEN DO YOU USE EACH OF THE FOLLOWING COPING STRATEGIES TO DEAL WITH YOUR ACHES AND PAINS ?

1. DO SOME ACTIVITY SO YOU DON'T FOCUS ON YOUR ACHES AND PAINS ?

1	2	3	4	5
NEVER	HARDLY EVER	SOMETIMES	OFTEN	MOST OF THE TIME

2. THINK ABOUT SOMETHING NICE SO YOU DON'T FOCUS ON YOUR ACHES AND PAINS ?

1	2	3	4	5
NEVER	HARDLY EVER	SOMETIMES	OFTEN	MOST OF THE TIME

3. PACE YOUR ACTIVITIES SO YOU DON'T DO TOO MUCH ALL AT ONCE ?

1	2	3	4	5
NEVER	HARDLY EVER	SOMETIMES	OFTEN	MOST OF THE TIME

4. RELAX ?

1	2	3	4	5
NEVER	HARDLY EVER	SOMETIMES	OFTEN	MOST OF THE TIME

5. TAKE MEDICATION ?

1	2	3	4	5
NEVER	HARDLY EVER	SOMETIMES	OFTEN	MOST OF THE TIME

6. AVOID UNCOMFORTABLE ENVIRONMENTS (SUCH AS CROWDED ROOMS AND NOISY SHOPPING CENTERS) ?

1	2	3	4	5
NEVER	HARDLY EVER	SOMETIMES	OFTEN	MOST OF THE TIME

7. ANY OTHERS ? (PLEASE SPECIFY) _____

1	2	3	4	5
NEVER	HARDLY EVER	SOMETIMES	OFTEN	MOST OF THE TIME

YOUR HOPES

1. WHAT DO YOU HOPE TO GAIN FROM THESE GROUP SESSIONS ?

Questionnaire Distributed at Last Session

YOUR NAME _____

ACHES & PAINS QUESTIONNAIRE

INTENSITY OF YOUR ACHES AND PAINS

1. WHICH WORD BEST DESCRIBES YOUR ACHES AND PAINS DURING THE PAST WEEK ? (PLEASE CIRCLE ONE)

1	2	3	4	5	6
NO PAIN	MILD	DISCOMFORTING	DISTRESSING	HORRIBLE	EXCRUCIATING

2. WHICH WORD DESCRIBES YOUR ACHES AND PAINS AT THEIR WORST DURING THIS PAST WEEK ? (PLEASE CIRCLE ONE)

1	2	3	4	5	6
NO PAIN	MILD	DISCOMFORTING	DISTRESSING	HORRIBLE	EXCRUCIATING

3. WHICH WORD DESCRIBES YOUR ACHES AND PAINS AT THEIR LEAST DURING THIS PAST WEEK ? (PLEASE CIRCLE ONE)

1	2	3	4	5	6
NO PAIN	MILD	DISCOMFORTING	DISTRESSING	HORRIBLE	EXCRUCIATING

INFLUENCE OF YOUR ACHES AND PAINS

ACHES AND PAINS AFFECT PEOPLE'S LIVES IN DIFFERENT WAYS. FOR EACH OF THE FOLLOWING QUESTIONS, PLEASE CIRCLE THE NUMBER WHICH BEST DESCRIBES HOW YOUR ACHES AND PAINS HAVE AFFECTED YOU DURING THE PAST WEEK.

1. HAVE YOUR ACHES AND PAINS CAUSED YOU TO STAY INSIDE YOUR HOUSE ?

1	2	3	4	5
NOT AT ALL	VERY SELDOM	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME

2. HAVE YOUR ACHES AND PAINS INTERFERED WITH YOUR WORK AROUND THE HOUSE ?

1	2	3	4	5
NOT AT ALL	VERY SELDOM	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME

3. HAVE YOUR ACHES AND PAINS INTERFERED WITH YOUR PERSONAL CARE (SUCH AS BATHING OR SHAVING) ?

1	2	3	4	5
NOT AT ALL	VERY SELDOM	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME

DURING THE PAST WEEK....

4. HAVE YOUR ACHES AND PAINS HAMPERED OR PREVENTED LEISURE TIME ACTIVITIES (SUCH AS HOBBIES OR SPORTS) ?

1	2	3	4	5
NOT AT ALL	VERY SELDOM	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME

5. HAVE YOUR ACHES AND PAINS KEPT YOU FROM SOCIALIZING WITH OTHER PEOPLE ?

1	2	3	4	5
NOT AT ALL	VERY SELDOM	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME

6. HAVE YOUR ACHES AND PAINS INTERFERED WITH RELATIONSHIPS BETWEEN YOU AND YOUR FAMILY AND FRIENDS ?

1	2	3	4	5
NOT AT ALL	VERY SELDOM	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME

7. HAVE YOUR ACHES AND PAINS MADE YOU WONDER WHETHER YOUR LIFE IS WORTHWHILE ?

1	2	3	4	5
NOT AT ALL	VERY SELDOM	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME

8. HAVE YOUR ACHES AND PAINS OCCUPIED MOST OF YOUR THOUGHTS ?

1	2	3	4	5
NOT AT ALL	VERY SELDOM	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME

9. HAVE YOUR ACHES AND PAINS CAUSED YOU TO BECOME ANGRY, FRUSTRATED OR DEPRESSED ?

1	2	3	4	5
NOT AT ALL	VERY SELDOM	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME

<u>COPING WITH YOUR ACHES AND PAINS</u>

PEOPLE HAVE DIFFERENT WAYS OF COPING WITH THEIR ACHES AND PAINS. HOW OFTEN DO YOU USE EACH OF THE FOLLOWING COPING STRATEGIES TO DEAL WITH YOUR ACHES AND PAINS ?

1. DO SOME ACTIVITY SO YOU DON'T FOCUS ON YOUR ACHES AND PAINS ?

1	2	3	4	5
NEVER	HARDLY EVER	SOMETIMES	OFTEN	MOST OF THE TIME

2. THINK ABOUT SOMETHING NICE SO YOU DON'T FOCUS ON YOUR ACHES AND PAINS ?

1	2	3	4	5
NEVER	HARDLY EVER	SOMETIMES	OFTEN	MOST OF THE TIME

3. PACE YOUR ACTIVITIES SO YOU DON'T DO TOO MUCH ALL AT ONCE ?

1	2	3	4	5
NEVER	HARDLY EVER	SOMETIMES	OFTEN	MOST OF THE TIME

4. RELAX ?

1	2	3	4	5
NEVER	HARDLY EVER	SOMETIMES	OFTEN	MOST OF THE TIME

5. TAKE MEDICATION ?

1	2	3	4	5
NEVER	HARDLY EVER	SOMETIMES	OFTEN	MOST OF THE TIME

6. AVOID UNCOMFORTABLE ENVIRONMENTS (SUCH AS CROWDED ROOMS AND NOISY SHOPPING CENTERS) ?

1	2	3	4	5
NEVER	HARDLY EVER	SOMETIMES	OFTEN	MOST OF THE TIME

7. ANY OTHERS ? (PLEASE SPECIFY) _____

1	2	3	4	5
NEVER	HARDLY EVER	SOMETIMES	OFTEN	MOST OF THE TIME

YOUR REACTIONS TO THE GROUP EXPERIENCE

1. TO WHAT EXTENT HAVE THESE GROUP SESSIONS FULFILLED YOUR EXPECTATIONS? (PLEASE CIRCLE ONE.)

1	2	3	4
NONE OF MY NEEDS HAVE BEEN MET	ONLY A FEW OF MY NEEDS HAVE BEEN MET	MOST OF MY NEEDS HAVE BEEN MET	ALMOST ALL OF MY NEEDS HAVE BEEN MET

2. IF A FRIEND WERE IN NEED OF SIMILAR HELP, WOULD YOU RECOMMEND THIS GROUP TO YOUR FRIEND? (PLEASE CIRCLE ONE.)

1	2	3	4
NO, DEFINITELY NOT	NO, I DON'T THINK SO	YES, I THINK SO	YES, DEFINITELY

3. WAS THERE ANYTHING WE DIDN'T COVER WHICH YOU WOULD HAVE LIKED TO BE INCLUDED IN THESE SESSIONS?

4. HOW COULD THE GROUP SESSIONS BE CHANGED TO BETTER SUIT YOUR NEEDS?

5. WHAT DID YOU FIND MOST HELPFUL ABOUT THESE SESSIONS?

6. HOW HAS THIS PROGRAM HELPED YOU COPE WITH YOUR ACHES AND PAINS?

7. HOW MANY SESSIONS DO YOU THINK A GROUP LIKE THIS SHOULD HAVE? _____

RECOMMENDATIONS

Towards the end of the group, the planning members met to discuss their reactions to the group model. In general, their responses were very positive. They felt that many aspects of the program were beneficial while a few components needed revision. The following recommendations resulted from this discussion:

1. Publicity for this group needs to be extensive. Although chronic pain is a major problem among the elderly, many older people have no hope for changing the way in which pain influences their life. Publicity for a group of this kind should emphasize the benefits of support as well as education in coping with pain.

2. Six sessions seem to be a good number both from the perspective of the participants and the planning committee. One possible format is to offer six structured sessions initially and then provide participants with the opportunity to continue meeting if they wish to do so.

3. The ordering of the sessions in this program is effective. In particular, it is important to have those sessions which are most emotionally charged, such as family relationships, near the end of the group (the fourth or fifth session). It is best to end, however, with a less emotional subject such as medications.

4. To give a sense of continuity between sessions, it is helpful to review at the beginning of each group meeting the content of previous sessions. Similarly, at the end of each meeting, a preview of the following sessions will enhance interest and participation.

5. The seating arrangement for such a group is important. After experimenting with a variety of arrangements, we found that a circle of chairs in which the speaker was included lended itself to a more free-flowing and intimate conversation.

6. A good rule of thumb for the speakers is that it is better to present too little rather than too much information. Those speakers who prepared very brief talks and were then open to the questions and comments of the participants were better received than were those who prepared lengthy information-packed lectures.

7. One speaker per session is better than two. Including more than one speaker often results in information overload with little discussion on the part of the participants.

8. It is helpful to have a brief review after each session among the planning members/facilitators. This review offers an opportunity to evaluate the content and process of the session. Also, planning members may notice if some participants appear uninvolved or are missing. For those who are uninvolved, the group may be restructured to facilitate their participation. Additionally, such individuals can

be approached by planning group members before sessions, during breaks or after the group meetings to show a personal interest and make them feel included. For participants who miss sessions, planning group members may decide to follow up with a phone call.

9. To make the last session special, facilitators might wish to organize a small party-like gathering to which participants contribute by bringing a favorite treat. This festivity offers the participants something to which they can look forward and provides a sense of closure.

10. Although attendance at such a group might be increased by focusing on a specific chronic pain condition, the more general aches and pains emphasis of this group probably results in a smaller but more heterogeneous and interesting group. The variety of concerns is refreshing to participants and facilitators alike. Because participants have different kinds of aches and pains, they discuss their feelings about pain and coping rather than focusing exclusively on a description of their pain.

11. Ongoing evaluation is vital to the development of this group model. While the two questionnaires described in this program were fairly effective, several revisions are suggested. Specifically, some participants had difficulty using the five point scale in the Influence on Your Aches and Pains section. They found a large gap between "very seldom" and "half the time." Therefore, a further choice such as

"sometimes" might be included in a revised six point scale. In the Coping with Your Aches and Pains section, participants often responded only to those coping strategies which they used. Thus an additional instruction is needed asking them to respond to all items. Also, the last item in this section must be further clarified to obtain other coping strategies they use.

12. Variations of this model may include different settings and different leadership arrangements. For example, the program might take place in a nursing home or senior citizen apartment building. In addition, the facilitator role could be assumed by a therapist and peer counselor team with less reliance upon outside speakers.

CONCLUDING REMARKS

While this group model may not provide "cures" for older people with chronic pain, it does help them view their condition within a larger perspective and gain support from others with shared concerns. Those who attended this group indicated neither a decrement in the intensity of their pain nor in the extent to which their aches and pains influenced their lives.

Whereas our initial objective was to actually help participants decrease the intensity of their pain, we learned that a group experience of this kind often increases awareness of thoughts and feelings associated with pain. We realized, in retrospect, that this self-awareness was a necessary first step before new coping strategies could be integrated. This may be especially true for older people who have been socialized to approach pain stoically with a "stiff upper lip." Unfortunately, this stoicism can result in faulty coping strategies such as miscommunication with close friends or family as well as an inability to try alternative means for coping. Perhaps then, the more realistic objective for a group of this kind is to increase awareness of thoughts, feelings and responses associated with pain. With this awareness, participants may then be ready to adopt new strategies which can lead to more control over the extent to which pain influences their lives.

Indeed, by the end of the sessions, some of the participants stated that they had increased their use of coping strategies and felt good about the group experience as a whole. The group played

a supportive role in their search for well-being. For some, their involvement was a step in an on-going quest for better physical and psychological health. As one woman wrote at the end of the group, "I'm still trying to figure myself out, but I'm looking and talking and seeking help. Coming here has shown me a possible way!"

We feel that there are "many possible ways" of learning how to cope with pain and that this model seeks to address some of the important issues. We hope that others will benefit from the education/support group model provided here and that they will build upon and revise it while helping older adults cope with their aches and pains.

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